

**UNITED STATES PATENT & TRADEMARK OFFICE**  
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REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>3-1-06</u>		2 Serial/Patent # <u>10/791,819</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
<input checked="" type="checkbox"/>	Extension of Time	1FW	12/12/05	\$ 1020. <sup>00</sup>								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
			7 TOTAL AMOUNT OF REFUND		\$ 1020. <sup>00</sup>							
			8 TO BE REFUNDED BY:									
			Treasury Check									
			Credit Deposit A/C #:									
			9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">8</td></tr></table>			0	2	--	2	4	4	8
0	2	--	2	4	4	8						
10 REASON:												
	Overpayment											
	Duplicate Payment											
<input checked="" type="checkbox"/>	No Fee Due (Explanation):											
NO EXTENSION AVAILABLE												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>DEREK L. WOODS</u> TITLE: <u>Attorney</u>												
SIGNATURE: <u>Derek Woods</u> PHONE: <u>2-3232</u>												
OFFICE: <u>Revisions</u>												
*****												
THIS SPACE RESERVED FOR FINANCE USE ONLY:												
APPROVED: <u>[Signature]</u> DATE: <u>3/1/06</u>												

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

DEC. 12. 2005 6:38PM

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).)		<b>Docket Number (Optional)</b> 4299-0122P	
<b>Application Number</b> 10/791,819-Conf. #3561		<b>Filed</b> March 4, 2004	
<b>For</b> SUBSTRATE HAVING INSULATING LAYERS TO PREVENT IT FROM WARPING			
<b>Art Unit</b> 1711		<b>Examiner</b> T. T. Tran	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<b>Fee</b> \$120	<b>Small Entity Fee</b> \$60
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>32,334</u>			
<u>Joe McKinley Muncy</u> Signature Joe McKinley Muncy Typed or printed name		<u>December 12, 2005</u> Date <u>(703) 205-8028</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

Fee  
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Adjustment date: 03/01/2006 CKHLOK

12/13/2005 SDENB081 00000068 022448 10791819

02 FC:1253 1020.00 CR

Birch, Stewart, Kolosch &amp; Birch, LLP

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KM/asc

PAGE 5/7 \* RCVD AT 12/12/2005 5:33:35 PM [Eastern Standard Time] \* SVR:USPTO-EFXXF-6/29 \* DNIS:2738300 \* CSID:17032058050 \* DURATION (mm-ss):01-54